

<i>SERFF Tracking Number:</i>	<i>ARBB-127167187</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>48755</i>
<i>Company Tracking Number:</i>	<i>23-2600 5/11</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Special Amendment</i>		
<i>Project Name/Number:</i>	<i>4-tier Pharmacy Rider/23-2600 5/11</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Special Amendment

SERFF Tr Num: ARBB-127167187 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 48755

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2600 5/11

State Status: Approved-Closed

Filing Type: Form

Author: Evelyn Laney

Reviewer(s): Rosalind Minor

Date Submitted: 05/12/2011

Disposition Date: 05/12/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: 4-tier Pharmacy Rider

Status of Filing in Domicile: Pending

Project Number: 23-2600 5/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state
of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find forms 23-2600 5/11 for your review and approval if indicated.

This rider provides a 4 tier benefit design where the 4th tier is a 100% copayment but the members receive the discount for using a Participating Pharmacy.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the rider as part of the benefit certificates with which it will be used as provided by Arkansas Code Annotated §23-80-206(e).

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By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this rider will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this rider is attached.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
320 West Capitol, Ste 211 501-378-2165 [Phone]
Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas
601 S. Gaines Street Group Code: Company Type:
Little Rock, AR 72201 Group Name: State ID Number: N/A
(501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	05/12/2011	47532202

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

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Disposition

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2600 5/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2011	23-2600 5/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.000	23-2600 5- 11Grp Value Formulary.pdf



**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2600
Optional Value Formulary
Form Nos. 163,164,232,233,234,235,239,240,241,242,
243,244,245,246,263,265,266,267,268,269,270,271**

SCHEDULE OF BENEFITS, Managed Drug Program is hereby amended to read as follows.

Managed Drug Program

Value Formulary

Prescription Drug Benefit.....	YES
1 st Tier Drug Copayment.....	[\$10.00]
2 nd Tier Drug Copayment	[\$40.00]
3 rd Tier Drug Copayment.....	[\$60.00]
4 th Tier Discount ONLY	

BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, “Medications”, Subsection xi. Is hereby amended to read as follows.

Copayment Information

Each Prescription is covered only after the Covered Person pays the applicable Copayment (listed on the Covered Person's Schedule of Benefits) to the Participating Pharmacy. Covered Persons will be charged the appropriate Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Subsection 9.[46] Maintenance Medication.) When a Generic Medication is dispensed, the Covered Person will pay the first tier Medication Copayment specified in the Schedule of Benefits for each initial and refill Prescription. If there is no generic equivalent, the Covered Person will pay the Brand Name Medication Prescription Drug Copayment, as applicable, for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Covered Person will pay the Brand Name Medication Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

GLOSSARY OF TERMS, Formulary is hereby amended to read as follows.

Formulary means a specified list of Prescription Medications covered by the Company. The Formulary is established by the Company based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of the Company. Prescription Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the subsequent tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by the Company. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, the Company compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Benefit Certificate unless or until the Company places the medication on the Formulary.**

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "P. Mark White". The signature is written in a cursive, flowing style.

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/12/2011
Comments:			
Attachment:			
Flesch Score 23-2600 5-11.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	05/12/2011
Bypass Reason:	Not needed.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	05/12/2011
Bypass Reason:	Not PPACA realted.		
Comments:			



Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
 Amendment No. 23-2600 5/11**

FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.0 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Name

Vice President

Title

May 12, 2011

Date